

Opioids and Pain Management:

Where do we go
now?

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Findings For Tennessee From WCRI Research On Opioids

Interstate Variations in Use of Opioids, 4th Edition

- TN had somewhat lower-than-typical amount of opioids per claim in 2013/15
- Average amount of opioids per claim decreased in TN and most study states 2010–2013 (24 months)

Longer-Term Dispensing of Opioids, 4th Edition

- Typical % of claims with opioids were identified as receiving opioids on a longer-term basis in TN
- Longer-term opioid dispensing decreased in TN 2010–2013 (24 months), more than in most other states

Sources: *Interstate Variations In Use Of Opioids, 4th Edition* (2017); *Longer-Term Dispensing Of Opioids, 4th Edition* (2017)

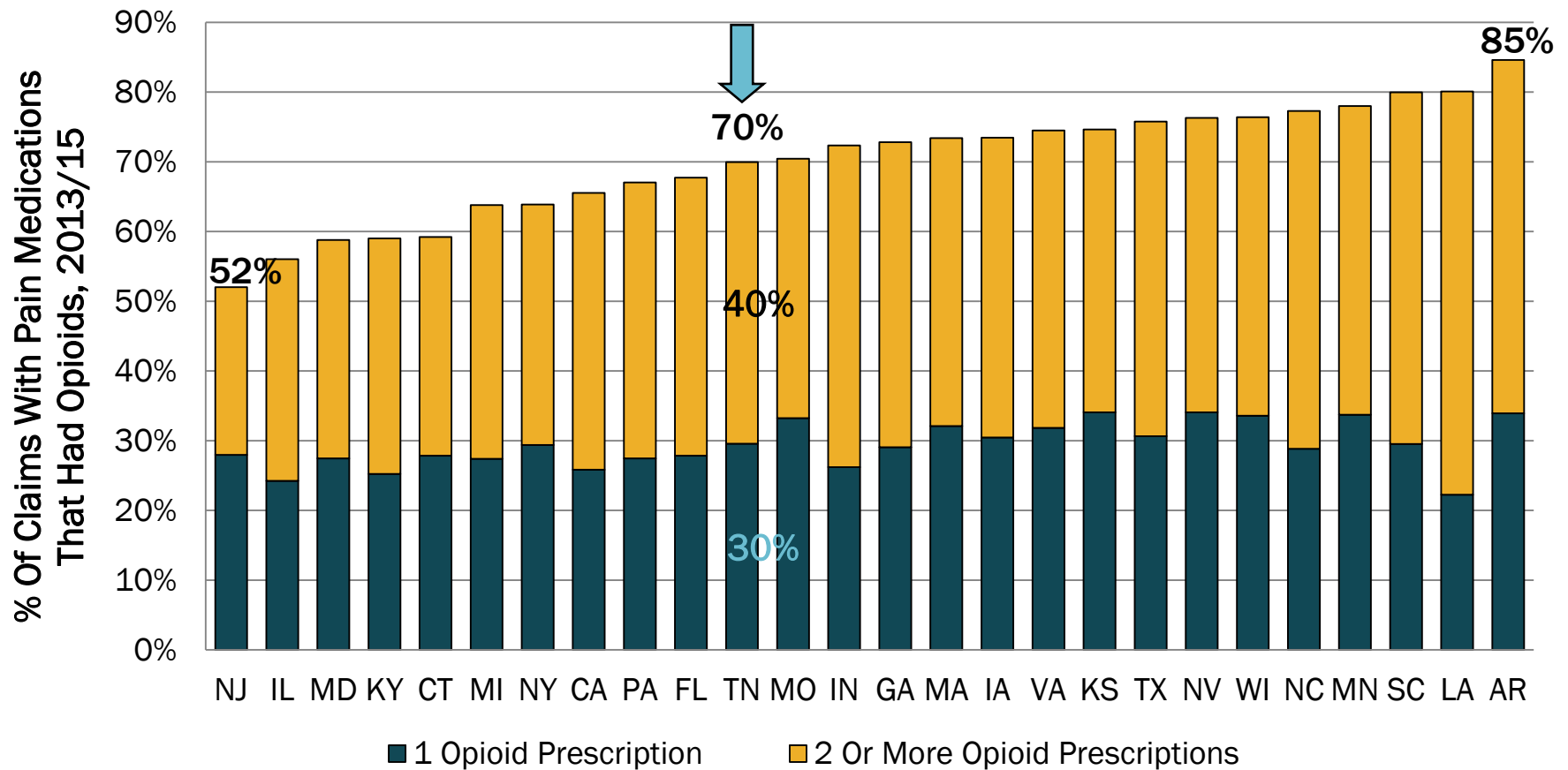
Opioid Drugs Commonly Prescribed To Injured Workers, Paid Under Workers' Compensation

% Of Pain Medication Rx That Were For ...	Federal Schedule	Median State	26-State Range
Hydrocodone-APAP (Vicodin®)	II*	29%	9%–45%
Tramadol (Ultram®)	IV	15%	9%–25%
Oxycodone (Percocet®, OxyContin®)	II	9%	1%–30%
All Other Opioids (Morphine, Fentanyl, Buprenorphine, etc.)	II & III	3%	2%–6%
Non-Opioid Pain Medications	–	42%	32%–57%

* The Drug Enforcement Agency rescheduled hydrocodone-combination products from Schedule III to Schedule II, effective October 2014.

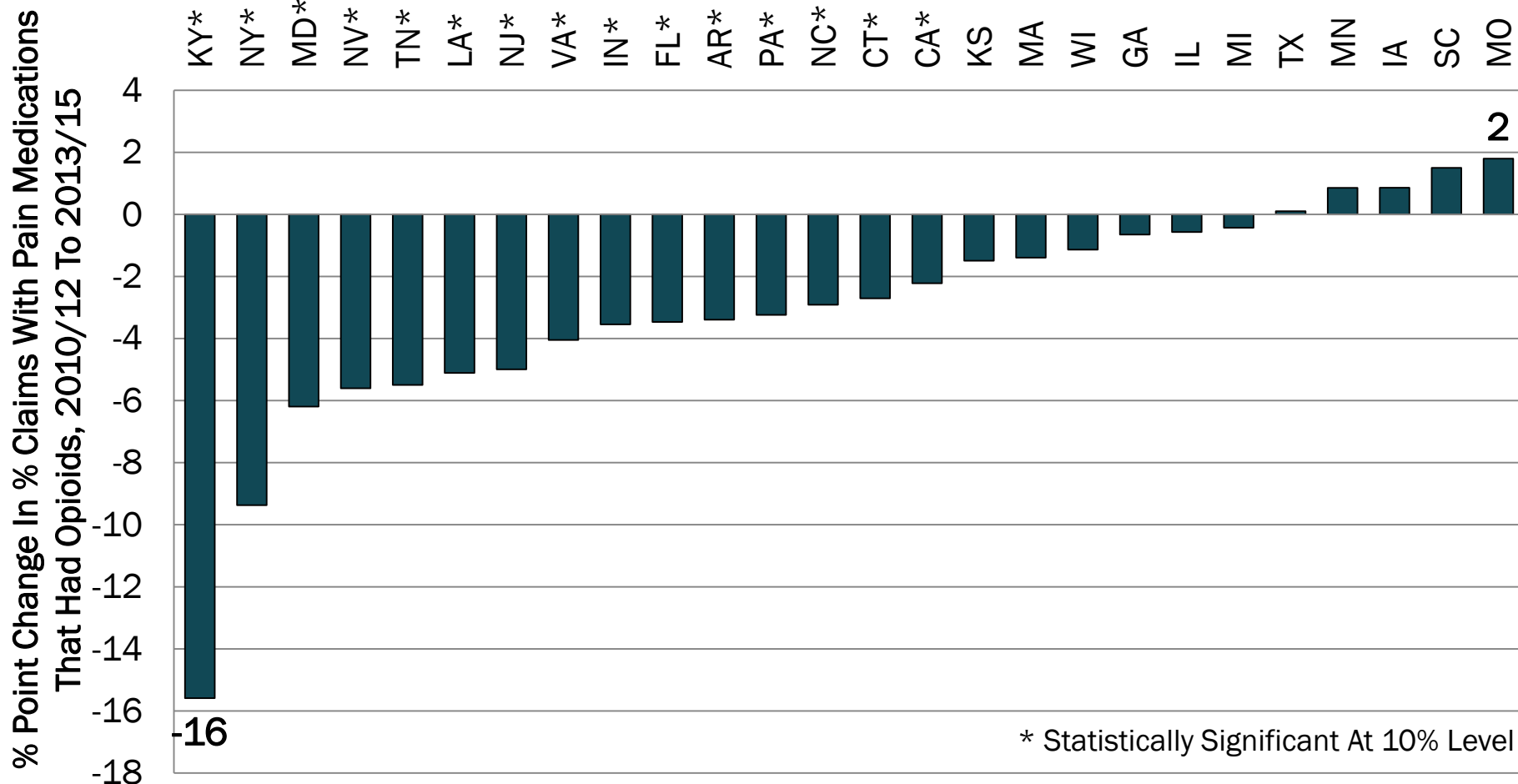
Source: *Interstate Variations In Use Of Opioids*, 4th Edition (2017)

7 Out Of 10 Injured Workers With Pain Medications In Tennessee Received Opioids



Nonsurgical Claims With > 7 Days Of Lost Time, Injuries From October 2012 To September 2013, Prescriptions Filled Through March 2015. Source: *Interstate Variations In Use Of Opioids, 4th Edition* (2017)

Fewer Injured Workers With Pain Medications Received Opioids In Latest Study Period



2013/15: Nonsurgical Claims With > 7 Days Of Lost Time, Injuries Occurring From October 1, 2012, To September 30, 2013, Prescriptions Filled Through March 31, 2015; Similar Notation Used For 2010/12
 Source: *Interstate Variations In Use Of Opioids, 4th Edition* (2017)

Higher Amount Could Be Driven By Longer Duration Or Stronger Doses

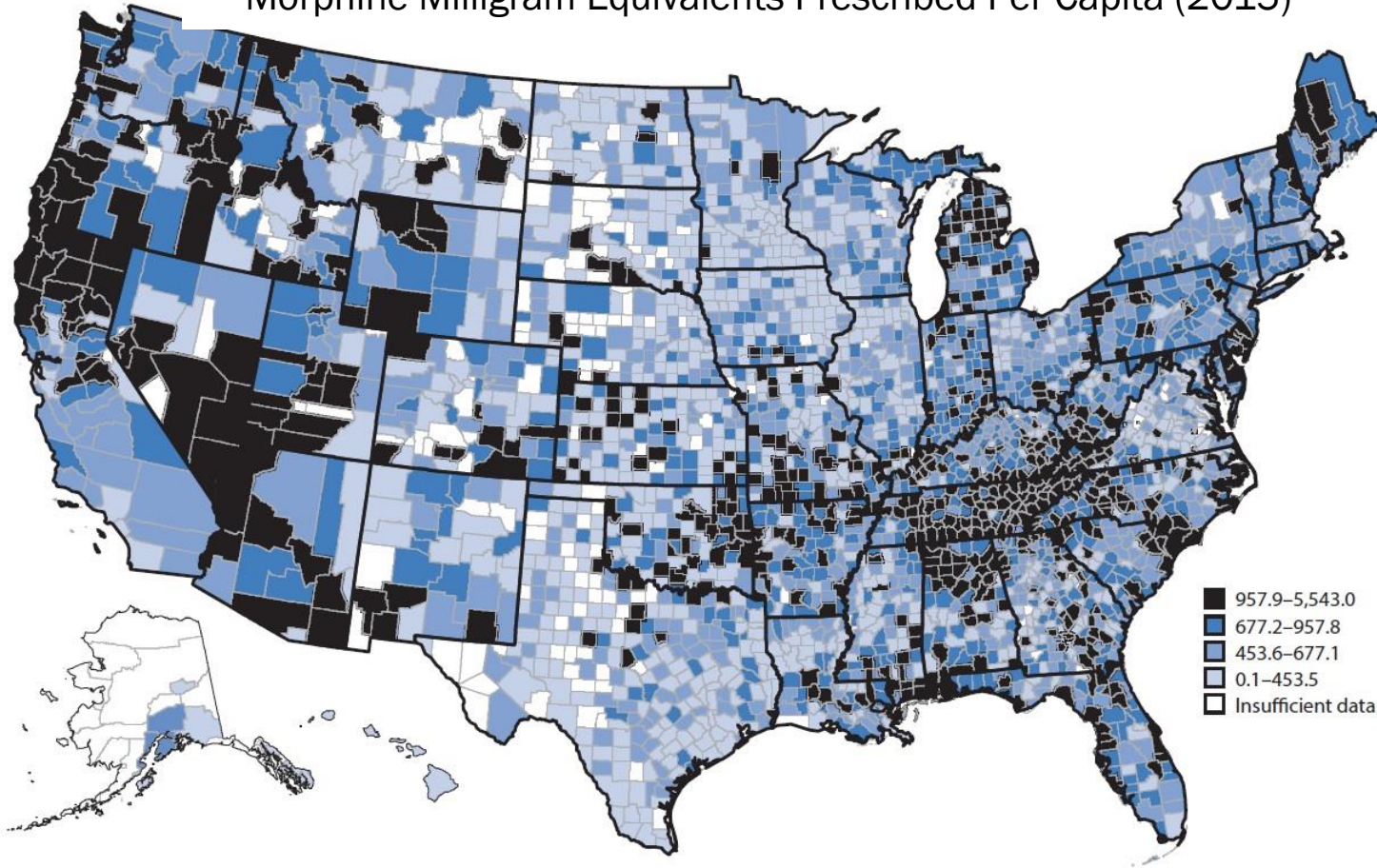
MEA per claim = Number of Rx *
Quantity *
Strength *

Morphine conversion factor (CF)

Rx Fill Date	Drug Name	Morphine CF	Narcotic Strength	Qty.	MEA
01/01/2012	Vicodin®	1	5mg	40	200
01/10/2012	Percocet®	1.5	10mg	60	900
					1100

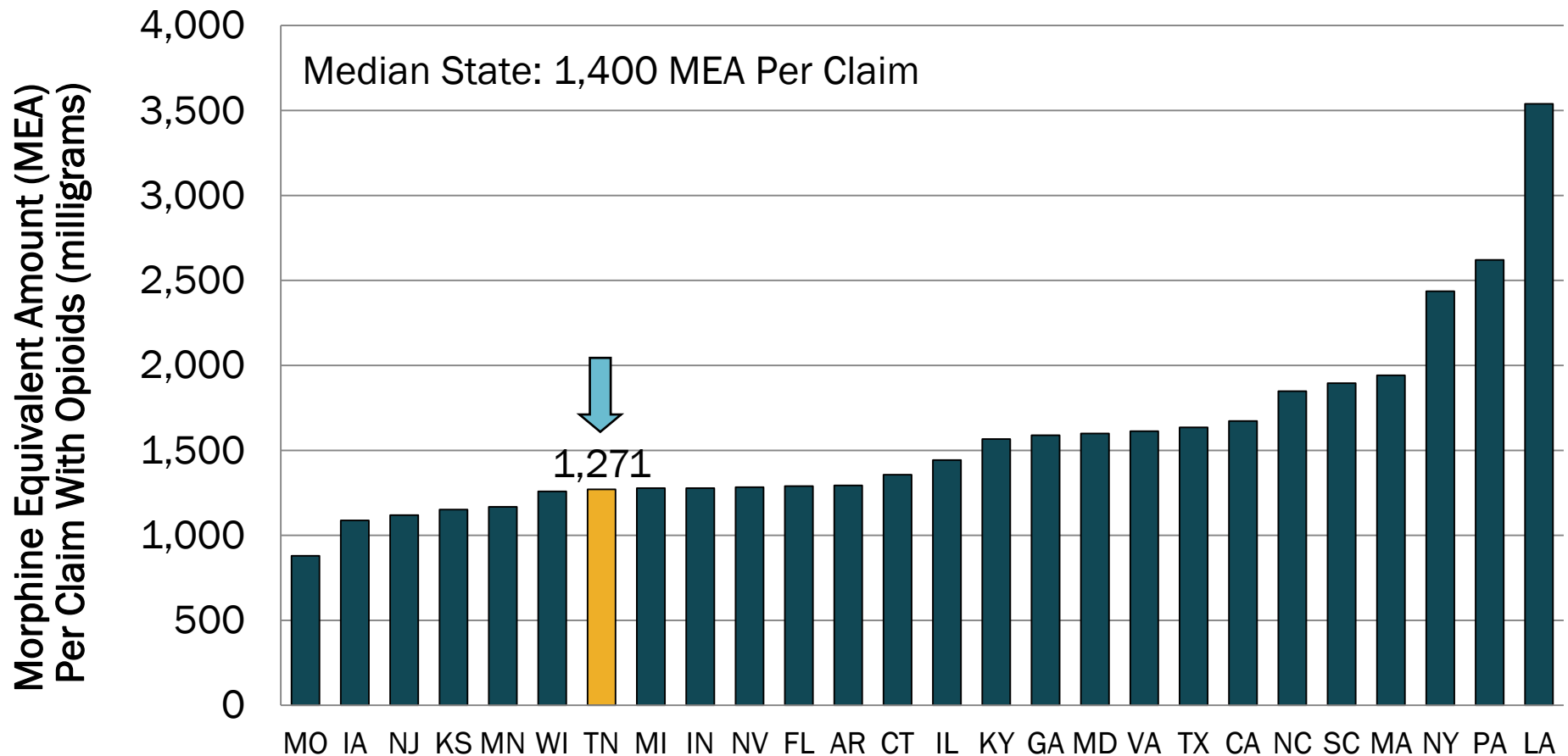
CDC: Opioids Prescribed Varied Substantially Across The Country

Morphine Milligram Equivalents Prescribed Per Capita (2015)



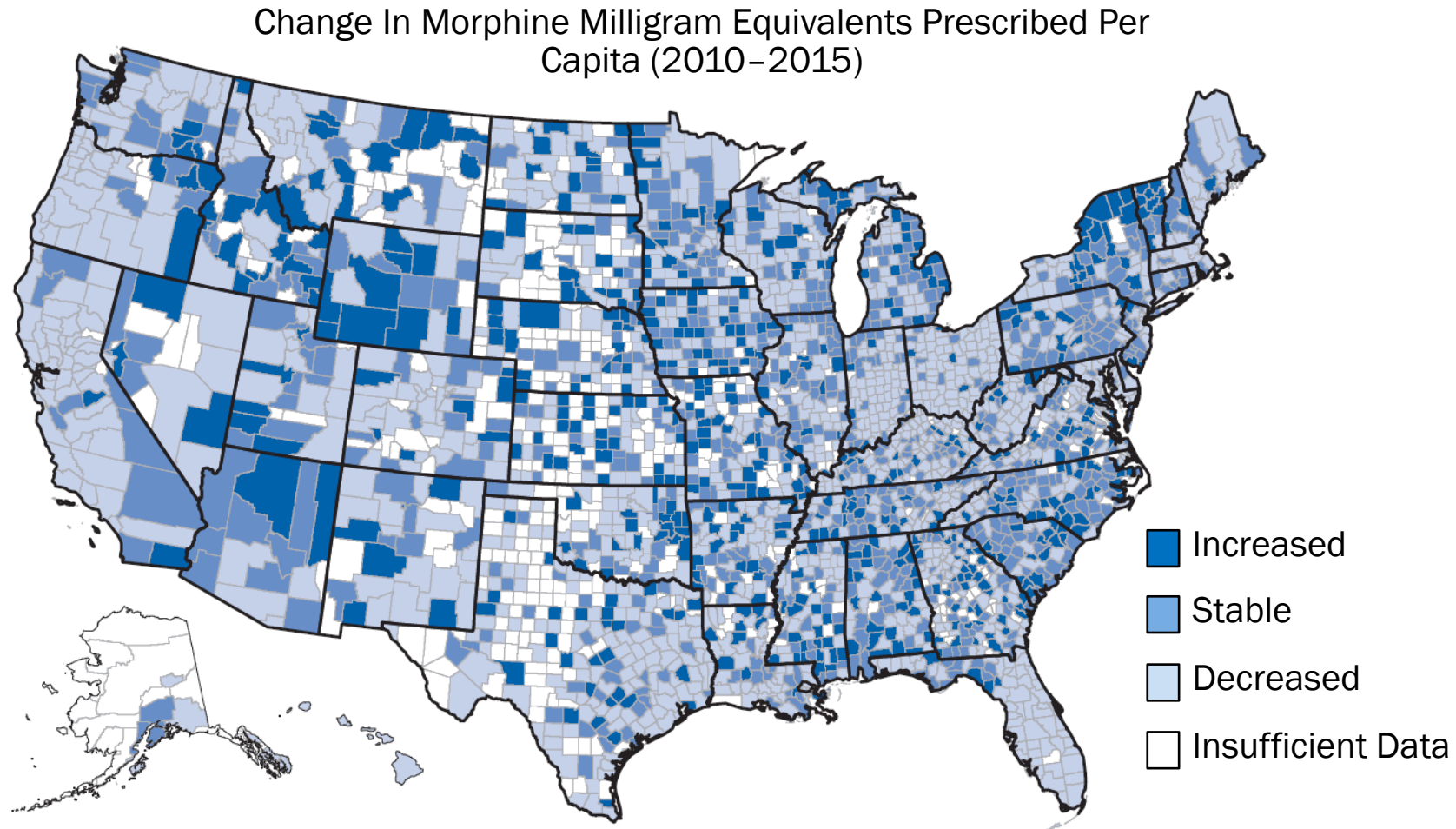
Source: Guy et al. (2017). *Vital Signs: Changes In Opioid Prescribing In The United States, 2006–2015*

Average MEA Per Claim With Opioids In TN Was Somewhat Lower Than Many States



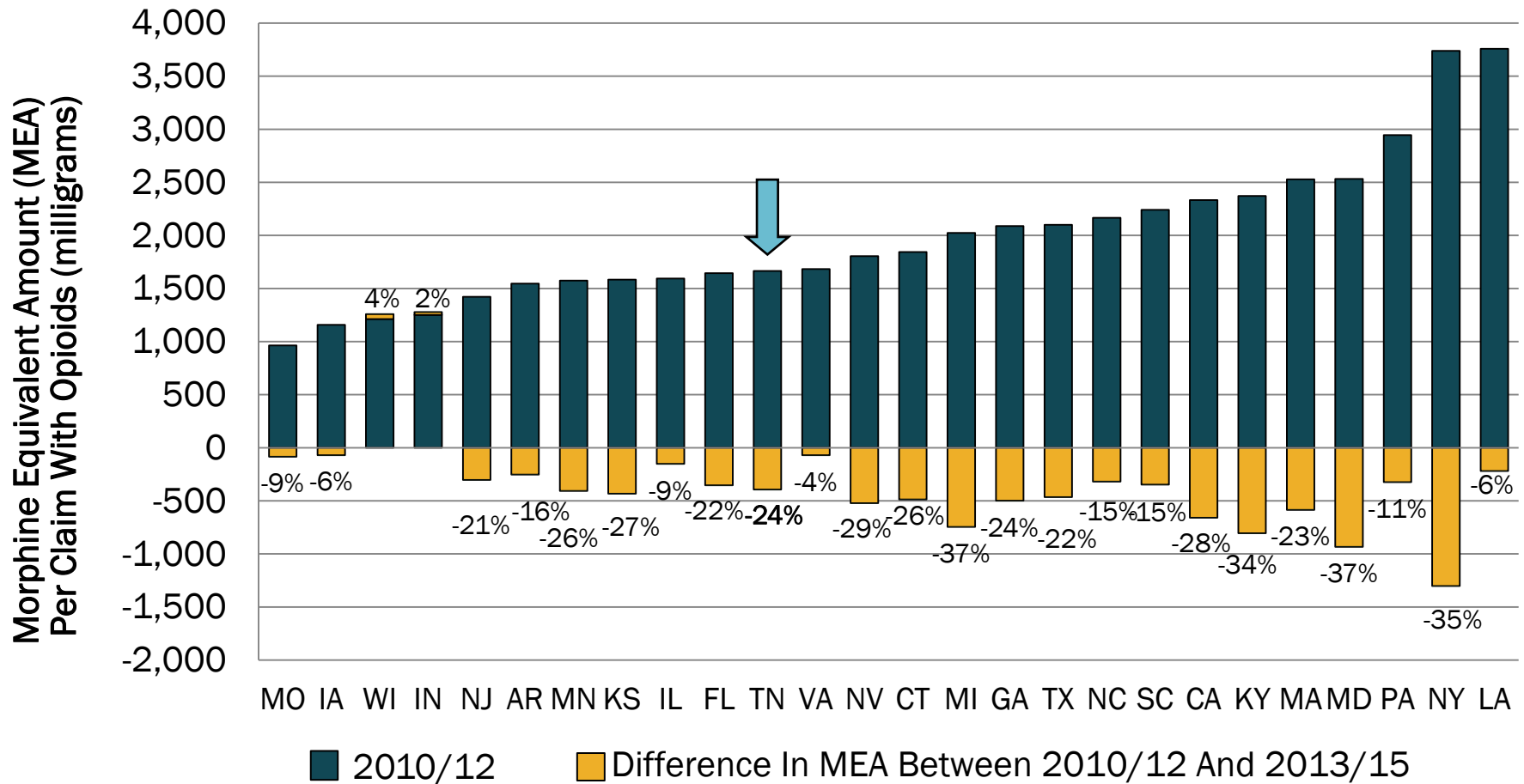
Nonsurgical Claims With > 7 Days Of Lost Time, Injuries From October 2012 To September 2013, Prescriptions Filled Through March 2015. Source: *Interstate Variations In Use Of Opioids, 4th Edition* (2017)

CDC: Opioid Prescribing Decreased In Several Counties From 2010 To 2015



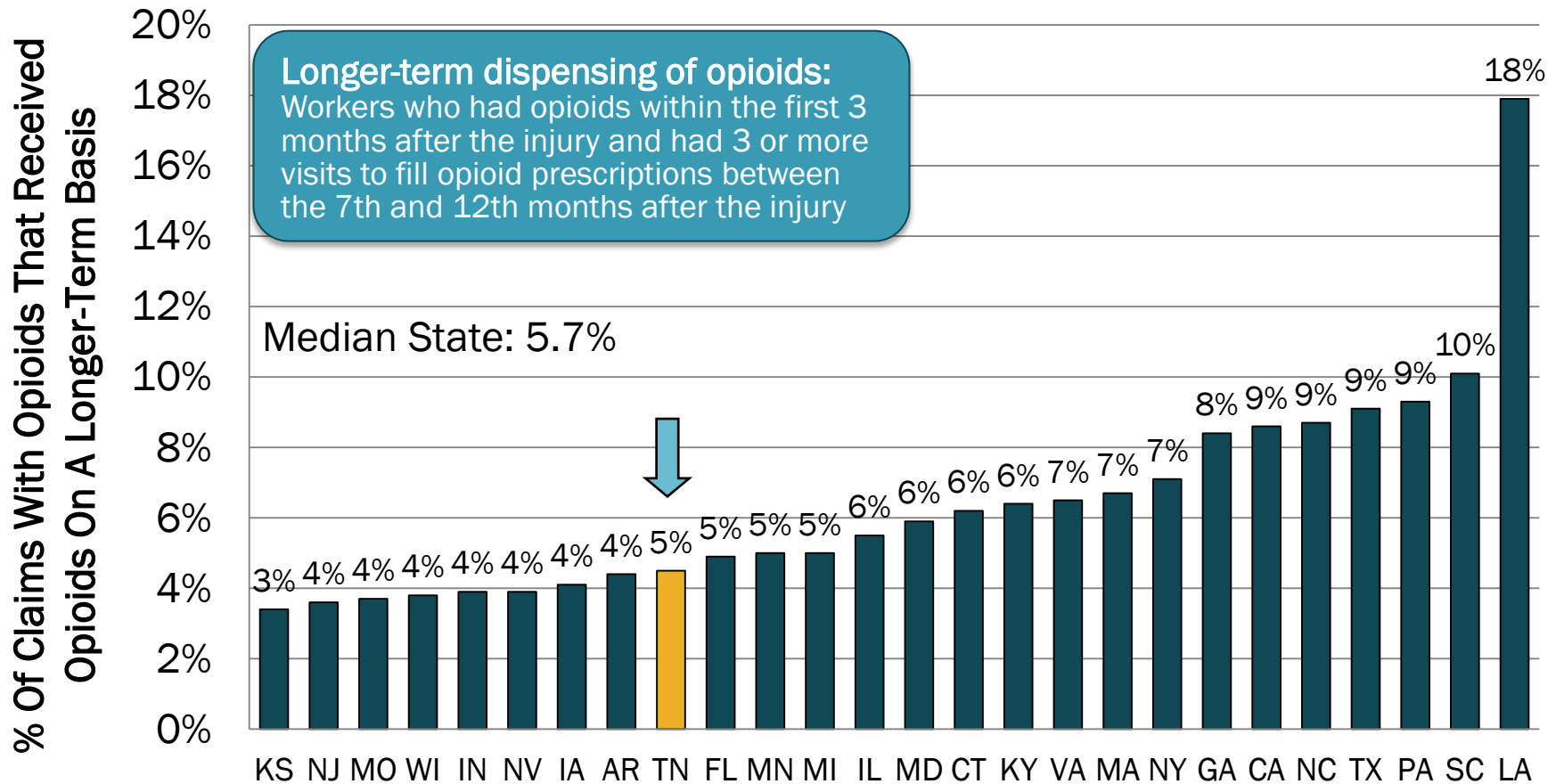
Source: Guy et al. (2017). *Vital Signs: Changes In Opioid Prescribing In The United States, 2006–2015*

Amount Of Opioids Per Claim Decreased In Most States 2010 To 2013; 24% In TN



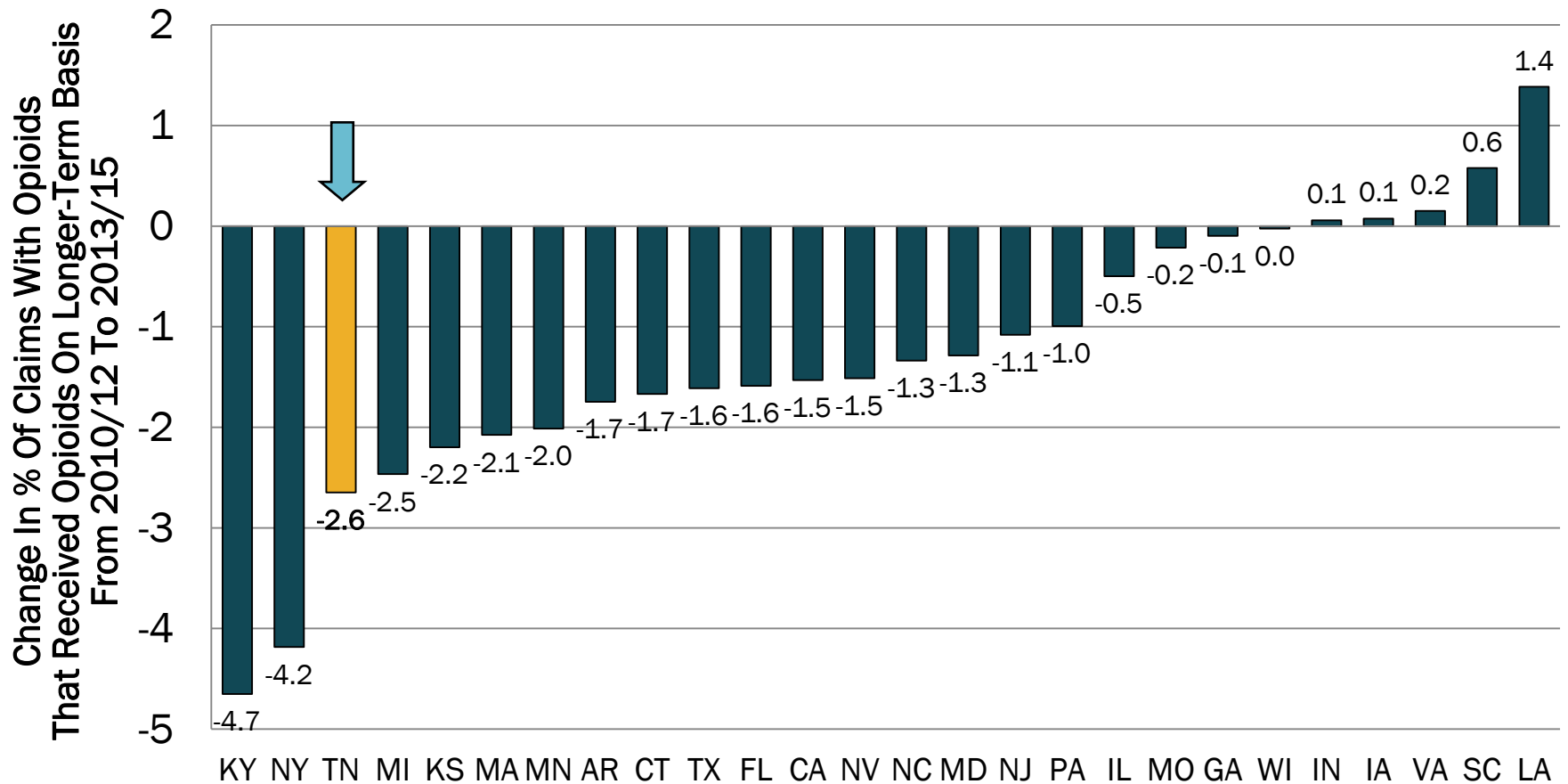
Nonsurgical Claims With > 7 Days Of Lost Time. 2013/15 refers to claim with injuries occurring from October 2012, through September 2013, and prescriptions filled through March 2015; similar notation is used for other years. Source: *Interstate Variations In Use Of Opioids, 4th Edition* (2017)

Tennessee Longer-Term Dispensing Of Opioids In The Middle Of Study States



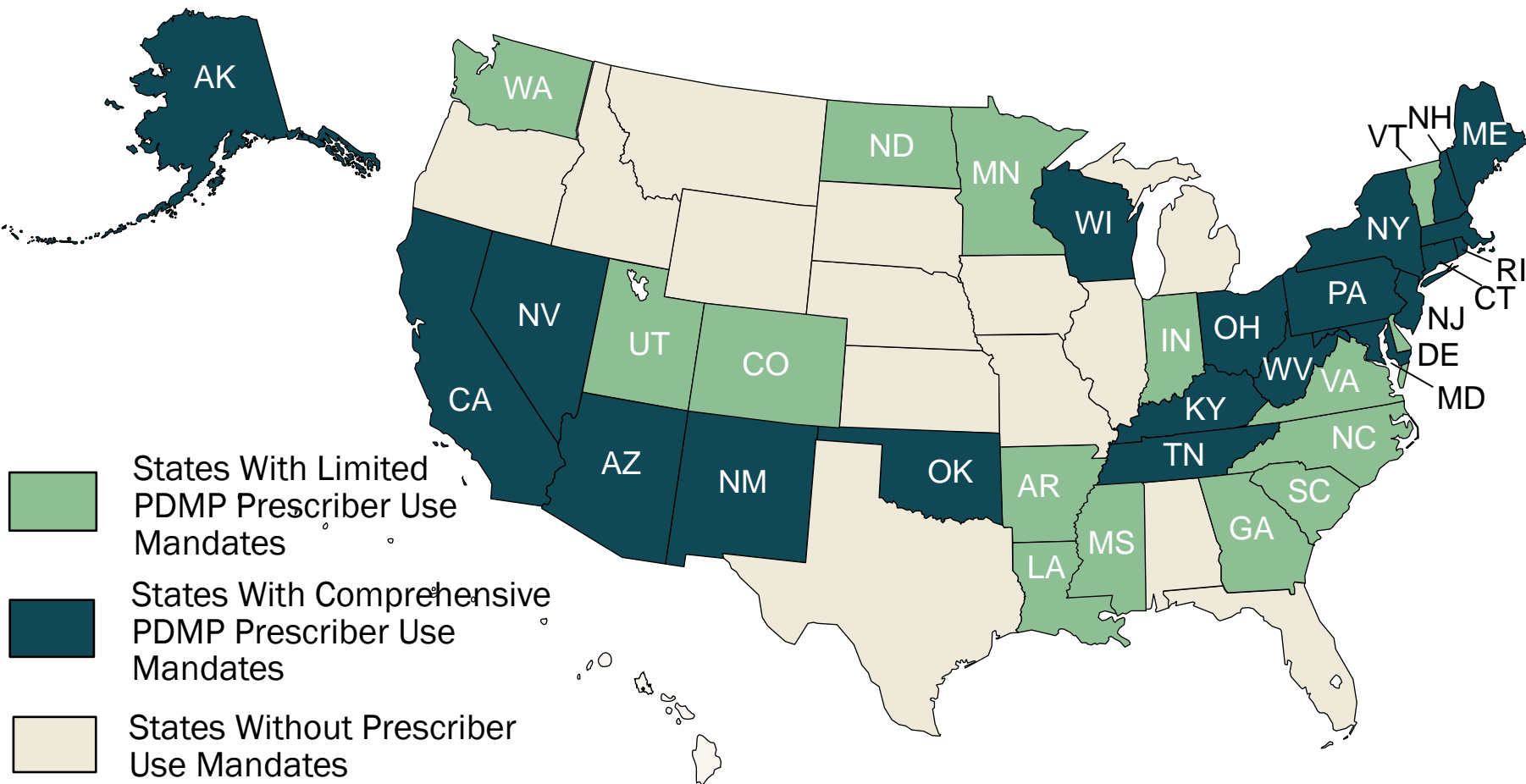
Nonsurgical Claims With > 7 Days Of Lost Time, Injuries From October 2012 Through September 2013, Prescriptions Filled Through March 2015. Source: *Longer-Term Dispensing Of Opioids, 4th Edition* (2017)

Decrease In Longer-Term Opioid Dispensing In Many States 2010/12–2013/15, Including TN



Nonsurgical Claims With > 7 Days Of Lost Time, Injuries From October 2012 To September 2013, Prescriptions Filled Through March 2015 Compared With Injuries From October 2009 To September 2010 With Prescriptions Filled Through March 2012. Source: *Longer-Term Dispensing Of Opioids, 4th Edition* (2017)

20 States Adopted Comprehensive PDMP Prescriber Use Mandates As Of 12/2016



Source: NAMSDL And Sherry L. Green & Associates, LLC. *Key State Requirements For Mandatory Use Of PDMPs By Prescribers* (<http://www.namsdl.org/library/6757CFE2-E9D2-2C3E-3EED217690E6ABA3>)

Several Reforms Coincided With Reductions In Opioids Filled Over The Study Period

% Or PPT Change 2010–2013	KY	NY	MD	MI	TN	MA	TX
Change In % Claims With Pain Meds. That Had Opioids	-16 ppt	-9 ppt	-6 ppt	0 ppt	-5 ppt	-1 ppt	0 ppt
Change In Average Amount Of Opioids Per Claim	-34%	-35%	-37%	-37%	-24%	-23%	-22%
Chronic Opioid Guidelines		✓				✓	
Drug Formulary					*		✓
Quantity Limits	✓			✓	✓		
Provider Education CME	✓					✓	✓
Pain Clinic Regulations	✓				✓		✓

* TN drug formulary became effective in January 2016; see the note.

Opioid Research Authors



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Dr. Thumula conducts research on pharmaceutical use in the workers' compensation system. She is the author of several studies evaluating prescribing patterns of opioids, drug formularies, and physician dispensing. She is also currently examining the self-reported outcomes of injured workers, including recovery of health and functioning, speed, sustainability of return to work and access to care. Dr. Thumula received her Ph.D. from the University of Mississippi, School of Pharmacy.



Ms. Dongchun Wang

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Ms. Wang's research has been focused on medical practice patterns and medical care delivered to injured workers. She is the lead author of several studies that evaluate physician dispensing reforms in a number of states in recent years and of several other WCRI studies on utilization of workers' compensation pharmaceuticals and prescribing patterns of opioids. She holds a master's degree in applied economics and did her graduate work in applied econometrics, labor economics and industrial organization at the University of North Carolina at Chapel Hill.